

## UNIT STATUS UPDATE FORM

<b>FAX TO: 651-296-7069</b>	<i>ATTENTION: to assist us with assisting you, PLEASE check staff name:</i>
<input type="checkbox"/> Sylvia Brown	<input type="checkbox"/> Pam Hayes
<input type="checkbox"/> Terry Seaton	<input type="checkbox"/> Cassie Gordon

**TO AVOID ERRORS: FAX THIS FORM PRIOR TO SUBMITTING TRACS FILES**

Property: \_\_\_\_\_ Contract Number: \_\_\_\_\_



**INFORMATION SHOULD BE TRANSMITTED VIA TRACS.**

**YOU MUST DISCUSS IT WITH YOUR VOUCHER TECH. IF IT NEEDS TO BE MANUALLY ENTERED**

Date Submitted through TRACS: \_\_\_\_\_

Unit #: \_\_\_\_\_ Tenant Name: \_\_\_\_\_

Household Assistance Terminated Effective Date: \_\_\_\_\_

Reason for Termination:

- ☐ TTP Exceeds Gross Rent
- ☐ Did Not Provide Citizenship Documents
- ☐ Late Recertification Tenant **Required** to Pay Market Rent
- ☐ Late Recertification Tenant **Temporarily** Paying Market Rent
- ☐ Tenant Refuses to Transfer
- ☐ Contract Expired
- ☐ Contract Terminated

☐ **Unit removed from Section 8 contract:** Effective Date: \_\_\_\_\_

(Developments containing multiple contracts with floating subsidy)

**Subsidy going to Unit #:** \_\_\_\_\_ **Unit Size/Contract Rent:** \_\_\_\_\_ / \_\_\_\_\_

☐ **Unit changed Contract #:** From Contract # \_\_\_\_\_ To Contract # \_\_\_\_\_

☐ **Market Rate renter moved out:** Effective Date: \_\_\_\_\_

☐ **Change in Household Information:**

Change in Head of Household:

New HOH Name: \_\_\_\_\_ Old HOH Name: \_\_\_\_\_

Change in Social Security Number:

Member # \_\_\_\_\_ Old SS#: \_\_\_\_\_ New SS #: \_\_\_\_\_

Other: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Submitted by

\_\_\_\_\_  
Date

MHFA staff notes: